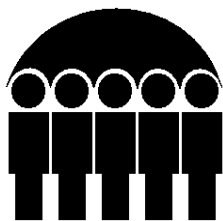


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Employees' Manual  
Title 17  
Chapter A(4)

# **ADDITIONAL INTAKE INFORMATION**



Iowa  
Department  
of  
Human Services

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## **Topic 1: Definition of Terms Used in Intake and Assessment**

Where applicable, the legal basis follows the definition.

**"ABC"** is the acronym for the Iowa Automated Benefit Calculation system that is a database for recording recipients' financial and health benefits.

**"ACAN"** is an acronym for the Automated Child Abuse and Neglect System, which is the automated database for child abuse information placed on the Central Abuse Registry before July 1, 1997.

**"Adequate food, shelter, clothing or other care"** means food, shelter, clothing, or other care which if not provided would constitute a denial of critical care. (441 IAC 175.21(232,235A))

**"Allegation"** means a statement setting forth a condition or circumstance yet to be proven. (441 IAC 175.21(232,235A))

**"Assessment"** means the process by which the Department carries out its legal mandate to:

- ◆ Ascertain if child abuse has occurred.
- ◆ Record findings.
- ◆ Develop conclusions based upon credible evidence.
- ◆ Address the safety of the child.
- ◆ Address the family functioning.
- ◆ Engage the family in appropriate services.
- ◆ Enhance family strengths and meet identified needs in a culturally sensitive manner. (441 IAC 175.21(232,235A))

**"Assessment data"** (See "[child abuse information](#).")

**"Assessment intake"** means the process by which the Department receives and records reports of child abuse. (441 IAC 175.21(232,235A))

**"Basic needs"** are food, shelter, clothing, or other care necessary for a child's health and welfare.

**"Bestiality"** (See "[child abuse](#).")

**"Brothel"** is any building, structure, or other place offering shelter or seclusion that is principally or regularly used for the purpose of prostitution with the consent or connivance of the owner, tenant, or other person in possession of it. (Iowa Code section 702.4)

**"CAPTA"** is the acronym for the Child Abuse Prevention and Treatment Act (Public Law 104-235). It was originally enacted in 1974 (as Public Law 93-247). It has been amended several times, most recently on October 3, 1996. CAPTA:

- ◆ Provides federal funding to states for support of prevention, assessment, investigation, prosecution, and treatment activities.
- ◆ Sets forth minimum definitions on child abuse and neglect.
- ◆ Identifies federal roles in supporting research, evaluation, technical assistance, and data collection activities.
- ◆ Establishes the Office of Child Abuse and Neglect.
- ◆ Mandates the National Clearinghouse on Child Abuse and Neglect Information.

**"Caretaker"** (See ["person responsible for the care of a child."](#))

**"Case"** means a report of child abuse that has been accepted for assessment services. (441 IAC 175.21(232,235A))

**"Child"** means any person under the age of 18 years. (Iowa Code section 232.68(1))

**"Child abuse"** means:

- ◆ **Physical abuse:** Any nonaccidental physical injury, or injury which is at variance with the history given of it, suffered by a child as the results of the acts or omissions of a person responsible for the care of the child. (Iowa Code section 232.68(2)(a))
- ◆ **Mental injury:** Any mental injury to a child's intellectual or psychological capacity as evidenced by an observable and substantial impairment in the child's ability to function within that child's normal range of performance and behavior as the result of the acts or omissions of a person responsible for the care of the child, if the impairment is diagnosed and confirmed by a licensed physician or qualified mental health professional. (Iowa Code section 232.68(2)(b))
- ◆ **Sexual abuse:** The commission of sexual offense with or to a child pursuant to Iowa Code Chapter 709, section 726.2 or section 728.12, subsection 1, as a result of the acts or omissions of the person responsible for the care of the child. Notwithstanding Iowa Code section 702.5, the commission of a sexual offense under this paragraph includes any sexual offense referred to in this paragraph with or to a person under the age of 18 years. (Iowa Code section 232.68(2)(c))

- ◆ **Denial of critical care:** The failure on the part of a person responsible for the care of a child to provide for the adequate food, shelter, clothing, or other care necessary for the child's health and welfare when financially able to do so, or when offered financial or other reasonable means to do so.

A parent or guardian legitimately practicing religious beliefs who does not provide specified medical treatment for a child for that reason alone shall not be considered abusing the child. However, this provision does not preclude a court from ordering that medical service be provided to the child where the child's health requires it. (Iowa Code section 232.68(2)(d))

- ◆ **Child prostitution:** The acts or omissions of a person responsible for the care of a child that allow, permit, or encourage the child to engage in acts prohibited pursuant to Iowa Code section 725.1. Notwithstanding Iowa Code section 702.5, acts or omissions under this paragraph include an act or omission referred to in this paragraph with or to a person under the age of 18 years. (Iowa Code section 232.68(2)(e))

- ◆ **Presence of illegal drugs:** An illegal drug is present in a child's body as a direct and foreseeable consequence of the acts or omissions of the person responsible for the care of the child. (Iowa Code section 232.68(2)(f))

- ◆ **Manufacturing or possession of a dangerous substance:** The person responsible for the care of a child:

- Has manufactured a dangerous substance in the presence of the child, or
- Possesses a product containing ephedrine, its salts, optical isomers, salts of optical isomers, or pseudoephedrine, its salts, optical isomers, salts of optical isomers in the presence of the child with the intent to use the product as a precursor or an intermediary to a dangerous substance.

NOTE: See definitions of "[dangerous substance](#)" and "[in the presence of a child](#)" for clarification. (Iowa Code section 232.68(2)(g))

- ◆ **Bestiality in the presence of a minor:** Commission of a sex act with an animal in the presence of a minor by a person who resides with a child, as the result of the acts or omissions of the person responsible for the care of a child. (Iowa Code section 232.68(2)(h))

- ◆ **Cohabitation with a registered sex offender:** A person responsible for the care of a child cohabits with a person who is required to register or is on the sex offender registry and the caretaker knew or should have known that the person is required to register or is on the sex offender registry, and the person required to register or who is on the sex offender registry is not a parent, guardian or custodian of the victim child and is not a minor or spouse of the caretaker. (Iowa Code section 232.68(2)(i))

**"Child abuse information"** means any or all of the following data maintained by the Department in a manual or automated data storage system and individually identified: (Iowa Code section 235A.13(1))

◆ **"Report data"** means any of the following information pertaining to an assessment of an allegation of child abuse in which the Department has determined the alleged abuse meets the definition of child abuse:

- The name and address of the child and the child's parents, or other person responsible for the child's care.
- The age of the child.
- The nature and extent of the injury, including evidence of any previous injury.
- Additional information as to the nature, extent, and cause of the injury and the identity of the person or people alleged to be responsible for the injury.
- The names and conditions of other children in the child's home.
- Any other information believed to be helpful in establishing the nature, extent, and cause of the injury and the identity of the person or people alleged to be responsible for the injury. (Iowa Code section 235A.13(10))

◆ **"Assessment data"** means any of the following information pertaining to the Department's evaluation of a family:

- Identification of the strengths and needs of the child, and of the child's parent, home, and family.
- Identification of services available from the Department and informal and formal services and other support available in the community to meet identified strengths and needs. (Iowa Code section 235A.13(1))

◆ **"Disposition data"** means information pertaining to an opinion or decision as the occurrence of child abuse, including:

- Any intermediate or ultimate opinion or decision reached by assessment personnel.
- Any opinion or decision reached in the course of judicial proceedings.
- The present status of any case. (Iowa Code section 235A.13(5))

**"Child prostitution"** (See "[child abuse](#).")

**"Child protection assistance team"** means a group of people convened by the county attorney, involving the county attorney, law enforcement personnel, and Department personnel, established for each county or a multi-county area.

To the greatest extent possible, the team may be consulted in cases involving a forcible felony against a child younger than age 14 by a person responsible for the care of a child. The team may also be utilized in cases involving a violation of Iowa Code Chapter 709 or 726 or other crimes committed upon a victim. (Iowa Code 915.35, subsection 4, as amended by 2003 Iowa Acts, Senate File 353, section 4)

**"Child protection worker"** or **"CPW"** means a person designated by the Department to perform an assessment in response to a report of child abuse. (Iowa Code 232.68, subsection 2A)

**"Child Protective Services Assessment Summary"** means form 470-3240, the written document completed within 20 business days from the date a report of child abuse becomes a case. (441 IAC 175.26(232))

**"Collateral contact"** means any contact with a person other than a subject of a report.

**"Collateral report"** is a report of child abuse in which the allegations being made are exactly the same as allegations of abuse currently being assessed, or which have been previously investigated or assessed.

**"Conditionally safe"** means that one or more signs of present or impending danger have been identified and either:

- ◆ The situation is not expected to place the child in impending danger of maltreatment because protective capacities or lack of child vulnerability offset the threat of imminent danger to the child; or
- ◆ The child's vulnerability and protective capacities do not offset the impending danger of maltreatment, so controlling safety interventions have been initiated; based on these safety interventions, the child will remain in the home at this time.

If a child is conditionally safe, a safety plan must be developed with the family.

**"Confidentiality"** is the requirement that all verbal or written information relating to Department records be released only under conditions set forth by the Code of Iowa.

**“Confidential access”** means access to a child who is alleged to be the victim of the child abuse, during an assessment of an alleged act of child abuse. The access may be accomplished by interview, observation, or examination of the child. (Iowa Code section 232.68, subsection 3)

- ◆ **“Interview”** means the verbal exchange between the child protection worker and the child for the purpose of developing information necessary to protect the child. A child protection worker is not precluded from recording visible evidence of abuse. (Iowa Code 232.68, subsection 3, paragraph a)

- ◆ **“Observation”** means:

- Direct physical viewing of a child under the age of four by the child protection worker, where viewing is limited to the child’s body other than the genitalia and pubes. (Iowa Code section 232.68, subsection 3, paragraph b)
- Direct physical viewing of a child age four or older by the child protection worker without touching the child or removing any article of clothing, and doing so without consent of the child’s parent, custodian, or guardian.

A child protection worker is not precluded from recording evidence of abuse obtained as a result of a child’s voluntary removal of an article of clothing without inducement by the child protection worker.

However, if prior consent of the child’s parent or guardian, or an ex parte court order is obtained, “observation” may include viewing the child’s unclothed body other than the genitalia and pubes. (Iowa Code section 232.68, subsection 3, paragraph b)

- ◆ **“Physical examination”** means direct physical viewing, touching and medically necessary manipulation of any area of the child’s body by a licensed physician. (Iowa Code section 232.68, subsection 3, paragraph c)

**“Confirmed”** means that the Department has determined by a preponderance of credible evidence (greater than 50%) that child abuse occurred.

**“Confirmed but not placed on the Registry”** means that the Department has determined by a preponderance of credible evidence (greater than 50%) that abuse has occurred, but the circumstances did not meet the criteria specified for placement on the Central Abuse Registry.

**“Counselor or therapist”** means a physician, psychologist, nurse, professional counselor, social worker, marriage or family therapist, alcohol or drug counselor, member of the clergy, or any other person, whether or not licensed or registered by the state, who provides or purports to provide mental health services. (Iowa Code section 709.15, subsection 1, paragraph a)



NOTE: This definition includes staff in residential facilities who have the titles of "counselor," "treatment worker," "therapist," "cottage parent," or other terms designating a position of authority over and responsibility for treatment services to children who are residing in the facility, even if these people do not have professional degrees or training.

**"Custodian"** means:

- ◆ A stepparent or a relative within the fourth degree of consanguinity (same blood or origin) to a minor child who has assumed responsibility for that child, or
- ◆ A person who has accepted a release of custody pursuant to a proceeding to terminate parental rights, or
- ◆ A person appointed by a court or juvenile court having jurisdiction over a child.

The rights and duties of a custodian with respect to a child are as follows:

- ◆ To maintain or transfer to another the physical possession of that child.
- ◆ To protect, train, and discipline that child.
- ◆ To provide food, clothing, housing, and medical care for the child.
- ◆ To consent to emergency medical care, including surgery.
- ◆ To sign a release of medical information to a health professional.

All rights and duties of a custodian are subject to any residual rights and duties remaining in a parent or guardian. (Iowa Code section 232.2, subsection 11)

**"Dangerous substance,"** as used in the abuse category "manufacture or possession of a dangerous substance," means any of the following:

- ◆ Amphetamine, its salts, isomers, or salts of its isomers;
- ◆ Methamphetamine, its salts, isomers, or salts of its isomers;
- ◆ A chemical or combination of chemicals that poses a reasonable risk of causing an explosion, fire, or other danger to the life or health of persons who are in the vicinity while the chemical or combination of chemicals is used or is intended to be used in any of the following:
  - The process of manufacturing an illegal or controlled substance;
  - As a precursor in the manufacturing of an illegal or controlled substance;
  - As an intermediary in the manufacturing of an illegal or controlled substance.(Iowa Code section 232.2, subsection 6, paragraph p, as amended by HF 178)

**“Denial of critical care”** is failure on the part of a person responsible for the care of a child to provide for the adequate food, shelter, clothing, or other care necessary for the child’s health and welfare when financially able to do so, or when offered financial or other reasonable means to do so. (441 IAC 175.21) It includes any of the following:

- ◆ **Failure to provide adequate food** and nutrition to such an extent that there is danger of the child suffering injury or death.
- ◆ **Failure to provide adequate shelter** to such an extent that there is danger of the child suffering injury or death.
- ◆ **Failure to provide adequate clothing** to such an extent that there is danger of the child suffering injury or death.
- ◆ **Failure to provide adequate health care** to such an extent that there is danger of the child suffering injury or death. A parent or guardian legitimately practicing religious beliefs who does not provide specified medical treatment for a child for that reason alone shall not be considered abusing the child and shall not be placed on the Central Abuse Registry. However, a court may order that medical service be provided where the child’s health requires it.
- ◆ **Failure to provide the mental health care** necessary to adequately treat an observable and substantial impairment to the child’s ability to function.
- ◆ **Gross failure to meet the emotional needs** of the child necessary for normal development.
- ◆ **Failure to provide for the proper supervision** of the child to such an extent that there is danger of the child suffering injury or death, and which a reasonable and prudent person would exercise under similar facts and circumstances.
- ◆ **Failure to respond to an infant’s life-threatening conditions** (also known as withholding of medically indicated treatment) by providing treatment (including appropriate hydration, nutrition, and medication) which in the treating physician’s reasonable medical judgment will be most likely to be effective in ameliorating or correcting all conditions.

**Exception:** This term does not include the failure to provide treatment to an infant (other than appropriate nutrition, hydration or medication) when, in the treating physician’s reasonable medical judgment, any of the following circumstances apply:

- The infant is chronically and irreversibly comatose.
- The provision of such treatment would merely prolong dying, not be effective in ameliorating or correcting all of the infant’s life-threatening conditions, or otherwise be futile in terms of the survival of the infant.

- The provision of such treatment would be virtually futile in terms of the survival of the infant and the treatment itself under the circumstances would be inhumane.

**"Department"** means the Iowa Department of Human Services and includes the local offices of the Department.

**"Direct contact"** means face-to-face contact or voice-to-voice contact by telephone.

**"Disposition data"** (See "[child abuse information](#).")

**"Expungement"** means the process of removing child abuse information from the Central Abuse Registry. (Iowa Code section 235A.13(6))

**"Facility providing care to a child"** means any public or private facility, including:

- ◆ An institution, hospital, health care facility, intermediate care facility for mentally retarded, residential care facility for mentally retarded, or skilled nursing facility;
- ◆ A group home, mental health facility, residential treatment facility, shelter care facility, or detention facility;
- ◆ A child-care facility, which includes licensed child-care centers, registered child-care homes, and licensed family foster homes.

A public or private school is not a facility providing care to a child, unless it provides overnight care. NOTE: The Department of Inspections and Appeals assesses allegations of abuse in public facilities operated by the Department of Human Services. (441 IAC 175.21(232,235A))

**"Founded"** means that a preponderance of credible evidence (greater than 50%) indicates that child abuse occurred and the circumstances meet the criteria for placement on the Central Abuse Registry. (Iowa Code section 232.71D, 441 IAC 175.39(230))

**"Guardian"** means a person who is not the parent of a child, but who has been appointed by a court or juvenile court having jurisdiction over the child, to:

- ◆ Have a permanent self-sustaining relationship with the child,
- ◆ Make important decisions which have a permanent effect on the life and development of that child, and
- ◆ Promote the general welfare of that child.

A guardian may be a court or a juvenile court. "Guardian" does not mean conservator, as defined in Iowa Code section 633.3, although a person who is appointed to be a guardian may also be appointed to be a conservator. (Iowa Code section 232.2(21))

Unless otherwise enlarged or circumscribed by a court or juvenile court having jurisdiction over the child or by operation of law, the rights and duties of a guardian with respect to a child shall be as follows:

- ◆ To consent to marriage, enlistment in the armed forces of the United States, or medical, psychiatric, or surgical treatment.
- ◆ To serve as guardian ad litem, unless the interest of the guardian conflict with the interests of the child or unless another person has been appointed guardian ad litem.
- ◆ To serve as custodian, unless another person has been appointed custodian.
- ◆ To make periodic visitations if the guardian does not have physical possession or custody of the child.
- ◆ To consent to adoption and to make any other decision that the parents could have made when the parent-child relationship existed.
- ◆ To make other decisions involving protection, education, and care and control of the child.

**"Health practitioner"** means:

- ◆ A licensed physician and surgeon, osteopath, osteopathic physician or surgeon, dentist, optometrist, podiatrist, or chiropractor;
- ◆ A resident or intern in any of such professions;
- ◆ A licensed dental hygienist;
- ◆ A registered nurse or licensed practical nurse;
- ◆ A physician assistant;
- ◆ A basic emergency medical care provider certified under Iowa Code section 147.161 or an advanced emergency medical care provider certified under Iowa Code section 147A.6. (Iowa Code section 232.68(5))

**"Health care facility"** means a residential care facility, a nursing facility, an intermediate care facility for persons with mental illness, or an intermediate care facility for persons with mental retardation.

- ◆ **"Intermediate care facility for persons with mental illness"** means an institution designed to provide accommodation, board, and nursing care for a period exceeding 24 consecutive hours to people who primarily have mental illness.
- ◆ **"Intermediate care facility for persons with mental retardation"** means an institution with a primary purpose to provide health or rehabilitative services to people who primarily have mental retardation or a related condition. The facility must meet federal standards established pursuant to section 1905(c)(d) of the Social Security Act, as codified in 42 U.S.C. 1936d, which are contained in 42 C.F.R. Part 483, Subpart D, 410—480.

**"Illegal drug"** means cocaine, heroin, amphetamine, methamphetamine, or other illegal drugs, including marijuana, or combinations or derivatives of illegal drugs that were not prescribed by a health practitioner. (Iowa Code section 232.77(2)) (441 IAC 175.21(232,235A))

**"Imminent danger"** (See ["immediate threat."](#))

**"Immediate threat"** means conditions that, if no response were made, would be more likely than not to result in sexual abuse, injury, or death to a child. (441 IAC 175.21(232,235A))

**"Impending danger"** means a foreseeable state of danger in which family behaviors, attitudes, motives, or emotions or the child's physical environment poses a threat of maltreatment.

**"In the presence of a child,"** as used in the abuse category "manufacture or possession of a dangerous substance," means:

- ◆ The physical presence of a child during the manufacture or possession,
- ◆ The manufacture or possession occurred in a child's home, on the premises, or in a motor vehicle located on the premises, or
- ◆ The manufacture or possession occurred under other circumstances in which a reasonably prudent person would know that the manufacture or possession may be seen, smelled, or heard by a child. (Iowa Code section 232.2(6)(p)(1))

**"Infant,"** generally means a child less than one year of age. As used in the definition of "denial of critical care: failure to respond to an infant's life-threatening condition" (also known as withholding of medically indicated treatment), an "infant" is a child less than one year of age **or** a child over one year of age who:

- ◆ Has been continuously hospitalized since birth, or
- ◆ Was born extremely prematurely, or
- ◆ Has a long-term disability. (441 IAC 175.21(232,235A))

**"Informant"** means any person who has made an allegation of child abuse to the reporter.

**"Intent"** means a mental state, emotion, or condition of the mind with a design, resolve, or determination that the doing of an act shall be with a certain purpose. In determining intent of a person, it may be inferred that the person intended to cause the natural and probable consequence of the person's action.

**"Interview"** (See "[confidential access](#).")

**"Mandatory reporter"** means a person who is required by law to report child abuse. (Iowa Code 232.69)

**"Mental health professional"** means a person who meets the following requirement:

- ◆ Holds at least a master's degree in a mental health field, including but not limited to, psychology, counseling, nursing, or social work or is licensed to practice medicine pursuant to Iowa Code Chapter 148, 150, or 150A.
- ◆ Holds a license to practice in the appropriate profession.
- ◆ Has at least two years of post degree experience supervised by a mental health professional in assessing mental health problems and needs of individuals used in providing appropriate mental health services for those individuals. (Iowa Code 232.68, subsection 6)

**"Mental health service"** means the treatment, assessment, or counseling of another person for a cognitive, behavioral, emotional, mental or social dysfunction, including an interpersonal or interpersonal dysfunction. (Iowa Code section 709.15, subsection 1, paragraph d) NOTE: This definition covers virtually all child placement facilities and their services, even if they are providing only assessment, as in shelter or detention facilities.

**"Mental injury"** (See "[child abuse](#).")

**"Multidisciplinary team"** means a group of people who:

- ◆ Possess knowledge and skills related to the diagnosis, assessment, and disposition of child abuse cases, and
- ◆ Are professionals practicing in the disciplines of medicine, nursing, public health, substance abuse, mental health, social work, child development, education, law, juvenile probation, law enforcement, domestic violence or a group established pursuant to Iowa Code section 235B.1, subsection 1. (Iowa Code 235A.13, subsection 8, as amended by 2003 Iowa Acts, House File 489, section 1)

**"Near fatality"** means an act that places the child in serious or critical condition, as certified by a physician. (CAPTA (10-3-96), section 106 (b)(4)(A))

**"Nonaccidental physical injury"** means an injury that:

- ◆ Was the natural and probable result of a caretaker's actions that the caretaker could have reasonably foreseen, or
- ◆ A reasonable person could have foreseen in similar circumstances, or
- ◆ Resulted from an act administered for the specific purpose of causing an injury. (441 IAC 175.21)

**"Not confirmed"** means that there was not a preponderance of credible evidence (greater than 50%) indicating that child abuse occurred.

**"Observation"** (See "[confidential access](#).")

**"Parent"** means a biological or adoptive mother or father of a child but does not include a mother or father whose parental rights have been terminated. (Iowa Code section 232.2, subsection 39)

**"Peace officer"** means a law enforcement officer or a person designated as a peace officer by provision of the Iowa Code. (Iowa Code section 232.2, subsection 40)

**"Permissive reporter"** means a person who is not required by law to report child abuse. (Iowa Code 232.69)

**"Person responsible for the care of a child"** (also referred to as "caretaker") means:

- ◆ A parent, guardian, or foster parent.
- ◆ A relative or any other person with whom the child resides and who assumes care or supervision of the child, without reference to the length of time or continuity of such residence.
- ◆ An employee or agent of any public or private facility providing care for a child, including an institution, hospital, health care facility, group home, mental health center, residential treatment center, shelter care facility, detention center, or child care facility.
- ◆ Any person providing care for a child, but with whom the child does not reside, without reference to the duration of the care. A person who assumes responsibility for the care or supervision of the child may assume such responsibility through verbal or written agreement, or implicitly, through the willing assumption of the care-taking role. (Iowa Code section 232.68, subsection 7)

**"Physical abuse"** (See "[child abuse](#).")

**"Physical examination"** (See "[confidential access](#).")

**"Physical injury"** means:

- ◆ Damage to any bodily tissue to the extent that the tissue must undergo a healing process in order to be restored to a sound and healthy condition, or
- ◆ Damage to any bodily tissue that results in the death of the person who has sustained the damage. (441 IAC 175.21)

**"Preponderance of evidence"** means evidence that is of greater weight or more convincing (greater than 50%) than the evidence that is offered in opposition to it, not as to quantity (number of witnesses), but as to quality (believability and greater weight of important facts proved). (441 IAC 175.21)

**"Presence of illegal drugs"** (See "[child abuse](#).")

**"Present danger"** means immediate, significant and clearly observed maltreatment occurring to a child in the present or an immediate threat of maltreatment requiring immediate action to protect the child.



**“Proper supervision”** means that supervision which a reasonable and prudent person would exercise under similar facts and circumstances, but in no event shall the person place a child in a situation that may endanger the child’s life or health, or cruelly or unduly confine the child.

Dangerous operation of a motor vehicle is a failure to provide proper supervision when the person responsible for the care of a child is driving recklessly, or driving while intoxicated with the child in the motor vehicle. The failure to restrain a child in a motor vehicle does not, by itself, constitute a cause to assess a child abuse report. (441 IAC 175.21)

**“Prohibited sexual act”** means any of the following:

- ◆ A sex act as defined in (Iowa Code) section 702.17.
- ◆ An act of bestiality involving a minor.
- ◆ Fondling or touching the pubes or genitals of a minor.
- ◆ Fondling or touching the pubes or genitals of a person by a minor.
- ◆ Sadoomasochistic abuse of a minor for the purpose of arousing or satisfying the sexual desires of a person who may view a depiction of the abuse.
- ◆ Nudity of a minor for the purpose of arousing or satisfying the sexual desires of a person who may view a depiction of the nude minor. (Iowa Code 728.1, subsection 7, paragraphs a-g)

**“Putative father”** means a man who is alleged to be or who claims to be the biological father of a child born to a woman to whom the man is not married at the time of the birth of the child. (Iowa Code 144.12A, subsection 1, paragraph d)

**“Registry”** means the central registry for child abuse information established in section 235A.14. (Iowa Code 232.68, subsection 8)

**“Rejected intake”** means a report of child abuse that has not been accepted for assessment. (441 IAC 175.21)

**“Report data”** (See [“child abuse information.”](#))

**“Report of child abuse”** means a verbal or written statement made to the Department by a person who suspects that child abuse has occurred. (441 IAC 175.21)

**“Reporter”** means the person making a verbal or written statement to the Department alleging child abuse. (441 IAC 175.21)

**“Restraint”** means direct physical contact to prevent a child from hurting self, others or property.

**“Safe”** means there are no signs of present or impending danger identified, or identified protective capacities offset the current danger so the child is not likely to be in imminent danger of maltreatment.

**“Safety plan”** means a specific, formal, concrete strategy for controlling threats of maltreatment or harm or supplementing protective capacities. The plan is employed immediately when a family’s protective capacities are insufficient to manage immediate threats of maltreatment. A plan is to be designed to manage the foreseeable dangers in the least restrictive manner to allow child protective services intervention to proceed.

**“Sealing”** means the process of removing child abuse information from authorized access as provided by (Iowa Code) Chapter 235A. (Iowa Code 235A.13, subsection 11)

**“Serious”** means having dangerous possible consequences.

**“Sex act”** means any sexual contact between two or more people by:

- ◆ Penetration of the penis into the vagina or anus;
- ◆ Contact between the mouth and genitalia or by contact between the genitalia of one person and the genitalia or anus of another person;
- ◆ Contact between the finger or hand of one person and the sexual genitalia or anus of another person, except in the course of examination or treatment by a person licensed pursuant to Iowa Code Chapter 148, 148C, 150, 150A, 151, or 152; or
- ◆ Use of artificial sexual organs or substitutes thereof in contact with the genitalia or anus. (Iowa Code 702.17)

**“Sexual abuse”** means the commission of sexual offenses with or to a child as a result of the acts or omissions of a caretaker. (Iowa Code section 232.68(2)(c)) The sexual offenses (listed according to Iowa Code order) are:

- ◆ Sexual abuse 1st degree (Iowa Code section 709.2)
- ◆ Sexual abuse 2nd degree (Iowa Code section 709.3)
- ◆ Sexual abuse 3rd degree (Iowa Code section 709.4)
- ◆ Detention in a brothel (Iowa Code section 709.7)
- ◆ Lascivious acts with a child (Iowa Code section 709.8)
- ◆ Indecent exposure (Iowa Code section 709.9)
- ◆ Assault with intent to commit sexual abuse (Iowa Code section 709.11)
- ◆ Indecent contact with a child (Iowa Code section 709.12)
- ◆ Lascivious conduct with a minor (Iowa Code section 709.14)

- ◆ Sexual exploitation by a counselor or therapist (Iowa Code section 709.15)
- ◆ Sexual misconduct with offenders and juveniles (Iowa Code section 709.16)
- ◆ Incest (Iowa Code section 726.2)
- ◆ Sexual exploitation of a minor (Iowa Code section 728.12)
- ◆ Invasion of privacy (nudity) (Iowa Code section 709.21)

**“Sexual offense”** means a sex act or other sexual behavior prohibited by Iowa Code Chapter 709 or sections 702.17, 726.2, 728.1(7) or 728.12(1).

**“STAR”** is an acronym for the Statewide Tracking of Assessment Reports, which is the automated database and repository for reports of child abuse.

**“Subjects of a report of child abuse”** mean any of the following: (441 IAC 175.21(232,235A))

- ◆ A child named in a report as having been abused, or the child’s attorney or guardian ad litem.
- ◆ A parent or the attorney for the parent of a child named in a child abuse assessment summary as having been abused.
- ◆ A guardian or legal custodian of a child named in a child abuse assessment summary as having been abused, or the attorney of the guardian or legal custodian.
- ◆ A person named in a child abuse assessment summary as having abused a child or the attorney for that person.

NOTE: A putative father, a stepparent, or a paramour is not automatically a subject of a report of child abuse unless the person meets one or more of criteria above.

**“Unduly”** means improper or unjust, or excessive. (441 IAC 175.21(232,235A))

**“Unsafe”** means one or more signs of present or impending danger have been identified, and either child vulnerability and protective capacities do not offset the impending danger of maltreatment or the caretaker has refused access to the child. Removal sanctioned by court order or voluntary placement is the only controlling safety intervention possible.

## **Topic 2: Centralized Intake Protocol**

There should be a maximum of one service (CPA and CINA) intake call center per service area. Service areas may join to create a combined call center.

The intake units should be staffed with dedicated line service staff, meaning the staff will have no other caseload. Intake workers should be SW3s.

Each unit will have at least one dedicated intake supervisor. The supervisor may pick up other duties, but may not be responsible for supervising ongoing assessments.

During business hours, the intake supervisors should review every intake decision for quality assurance purposes.

The intake supervisor makes the decision to accept or reject a referral. When there is disagreement on a case being accepted or rejected, the assessment supervisor who disagrees should contact the intake supervisor to discuss and come to agreement. The intake supervisor shall report the disagreement to the SW administrator. The decision can be overruled by:

- ◆ The area service administrator;
- ◆ The service area manager;
- ◆ The Division of Behavioral, Developmental, and Protective Services; or
- ◆ The Field Operations Support Unit.

The intake worker will:

- ◆ Notify the social worker 2 and the worker's supervisor on active cases that are being assessed;
- ◆ Notify licensing or child care staff of assessments that are being initiated; and
- ◆ Notify DIA licensing staff of assessments on facilities.

The assessment worker is still responsible for coordinating joint assessments and keeping licensing staff informed of progress and findings.

The supervisor of the intake unit will make the case assignment to an assessment supervisor.

The handoff from intake supervisor to the assessment supervisor will initially be by face-to-face contact or by phone conversation. This initial contact will be followed up by an e-mail that contains links to the [Child Protective Services Intake, form 470-0607](#), Life of the Case, and Case History, and the result of the system look-ups.

### **After Hours Intake**

At least one supervisor is to be on-call after hours in every service area. Intakes handled after hours will be reviewed by the service area's centralized intake unit the next business day to ensure proper decisions are made on accepting or rejecting a report and to complete all look-ups on after hours calls. This ensures consistent decision making by having the intake unit review every decision.

### **Topic 3: Caretaker**

The caretaker or the “person responsible for the care of a child” may be:

- ◆ A parent, guardian, or foster parent.
- ◆ A relative or any other person with whom the child resides and who assumes care or supervision of the child, without reference to the length of time or continuity of that residence.
- ◆ An employee or agent of any public or private facility providing care for a child, including an institution, hospital, health care facility, group home, mental health center, residential treatment center, shelter care facility, detention center, or child care facility.
- ◆ Any person providing care for a child, but with whom the child does not reside, without reference to the duration of the care.
- ◆ A person who assumes responsibility for the care or supervision of the child may assume such responsibility through verbal or written agreement, or implicitly, through the willing assumption of the caretaking role.

The following questions may be helpful in determining the caretaker status of the person allegedly responsible for the abuse:

- ◆ At the time the alleged abuse occurred, were any of the child’s basic needs being met by the person allegedly responsible for the abuse, even if only temporarily?
- ◆ Did the person allegedly responsible for the abuse consider himself or herself to be a caretaker for the child at the time the alleged abuse occurred?
- ◆ At the time the alleged abuse occurred, was authority over the child delegated either explicitly or implicitly to the person allegedly responsible for the abuse by a person who could be considered a caretaker?
- ◆ Did the person allegedly responsible for the abuse assume authority or other caretaker responsibilities of the child, either explicitly or implicitly?
- ◆ Were there previous incidents when the person allegedly responsible for the abuse acted as a caretaker for the child, and would the child’s perception be that person allegedly responsible for the abuse was still in the role of caretaker at the time the alleged abuse occurred?
- ◆ What are the indications that the role of caretaker was either accepted or rejected by the person allegedly responsible for the abuse?

The spouse of a person who is under age 18 is not considered a caretaker to the other spouse.

Typically, a teacher in a public or private school is not considered responsible for providing care to a child. However, a public or private school teacher escorting a group of students on an overnight school trip would be considered a caretaker.

School bus drivers and public transportation drivers are generally not considered caretakers, except in unusual circumstances where they expand their transportation role to one of caretaker.

However, Iowa Code 726.6 defines a person who operates a motor vehicle with a child (under age 14) or a minor (under age 18 with a physical or mental disability) present in the vehicle as “a person having control over a child or a minor” for the crime of child endangerment. Refer allegations to law enforcement and to the driver’s employer.

**Note:** Iowa Code section 280.17 requires the board of directors of a public school and the authorities in control of nonpublic schools to prescribe procedures for handling reports of child abuse (physical, sexual, or child prostitution) alleged to have been committed by an employee or agent of the school.

The Department of Education has adopted rules at 281 Iowa Administrative Code Chapter 102 to create a uniform procedure for investigating reports of child abuse alleging acts of the school employee on school grounds, on school time, on a school-sponsored activity or in a school-related context.

Teachers in residential facilities may also have child care responsibilities that would make them caretakers. Staff of child-caring facilities generally have child-care responsibilities in addition to transporting, so they are considered caretakers.

### **Topic 4: Time Limit for Making Intake Decisions**

The decision on whether to accept or reject a report of child abuse must be made within a **1-hour or 12-hour** time frame from receipt of the report, depending on the information which is provided at the time of intake and the level of risk to the child:

- ◆ When a report indicates that the child has suffered a **"high-risk"** injury or there is an **immediate threat** to the child, the Department must act immediately to address the child's safety.

The decision to accept the report of child abuse must be made within **one hour** from receipt of the report.

In the interest of child safety, it may be necessary for the acceptance to occur without supervisory approval so that there can be an immediate response.

- ◆ When the report **does not meet the criteria** to be accepted, such as the person alleged responsible is not a caretaker, but the report alleges the child is at **high risk**, the Department must act immediately to address the child's safety (for example, call law enforcement).

A supervisor shall review and approve the decision to reject the report of child abuse within **one hour** from receipt of the report.

- ◆ When a report indicates that the child has been abused, but it is not considered a "high risk" injury or there is **no immediate threat** to the child, the Department must still act promptly.

The decision to accept the report of child abuse and supervisory approval on that decision must be made within **12 hours** from receipt of the report. (See [Response When There Is an Immediate Threat or High Risk to the Child.](#))

- ◆ When the report **does not meet the criteria** to be accepted, and the report alleges the child is not considered to be at "high risk," a supervisor shall review and approve the decision to reject the report of child abuse within **12 hours** from receipt of the report. An example could a report where the person alleged responsible is not a caretaker.



**Topic 5: Criteria for Accepting an Allegation of Physical Abuse**

For a situation to be assessed as physical abuse, there must be a reasonable belief of the following:

- ◆ A nonaccidental physical injury has occurred, or an injury at variance with the history given of it has occurred, and
- ◆ The injury has been suffered by a child or an injury is likely to have occurred given the information reported, and
- ◆ The child has been injured as a result of acts or omissions of the person responsible for the child's care.

Physical injuries that require a healing process include, but are not limited to:

- ◆ Abrasions
- ◆ Bruises
- ◆ Burns
- ◆ Dislocations
- ◆ Eye injuries (including detached retina)
- ◆ Fractures
- ◆ Hyperemia (reddening of surface tissue) lasting 24 hours or more
- ◆ Internal injuries, including:
  - Abdominal or chest injuries
  - Brain damage
  - Subdural hemorrhage or hematoma
  - Other central nervous system damage
- ◆ Lacerations
- ◆ Scalds
- ◆ Sprains
- ◆ Welts (raised area on surface tissue, caused by a blow)

Some injuries may occur which are not evident after 24 hours (such as nosebleed or injury to the inside of the mouth) but still can be documented as damage to bodily tissue that must undergo a healing process.

**Note:** Hyperemia is the type of injury that may not last 24 hours. If a report of child abuse indicates that a hyperemia injury occurred, additional questions need to be asked about the reporter's knowledge of the time or age of the injury. If the reporter does not know the time or the place of the injury, accept the report.

The presence of a visible, physical injury, in and of itself, shall not be the sole determinant for whether a report of child abuse is rejected or accepted, since there are situations where an injury may not be visible (e.g., internal injuries). Also, the physical injury itself may be minor compared to the risk of injury to which the child was exposed, such as an infant slapped in the head or face.

A report may allege physical abuse as the result of the use of physical restraint at a facility. Facilities may physically restrain a child to prevent the child from injuring self, or others, damaging property, or engaging in extremely disruptive behaviors.

**Note:** When a child is restrained by a caretaker because of a child's behavior, and the child suffers a physical injury requiring a healing process as a result of the restraint, the only issue is whether the injury was nonaccidental or at variance with the history given.

Accept the report for assessment unless there is no doubt that the injury was accidental. Consider:

- ◆ The reasonableness of the degree or force used in relation to the situation.
- ◆ The degree of injury to the child.
- ◆ Whether the injury was foreseeable.
- ◆ Whether attempts were made to avoid injury to the child.

**Note:** Factors for confirming physical abuse can be accessed from [CPS Assessment Procedures](#).

### **Topic 6: Criteria for Accepting an Allegation of Mental Injury**

For a situation to be assessed as mental injury, there must be a reasonable belief that a child's intellectual or psychological capacity is injured, as evidenced by the following:

- ◆ There has been an observable and substantial impairment in ability to function within the child's normal range of performance and behavior, **and**
- ◆ The impairment has been suffered by a child, **and**
- ◆ The impairment has resulted from the acts or omissions of a person responsible for the child's care.

**Note:** It is not necessary that the person making an allegation of mental injury be a mental health practitioner for the allegation to be accepted for assessment.

**Topic 7: Criteria for Accepting an Allegation of Sexual Abuse**

For a situation to be assessed as sexual abuse, there must be a reasonable belief of the following:

- ◆ A sexual offense has occurred, **and**
- ◆ The sexual offense has been suffered by a child, **and**
- ◆ The sexual offense has occurred as a result of acts or omissions of the person responsible for the child's care.

For the purposes of child protective intake, a sexual offense is child abuse if it concerns any sexual behavior between a caretaker and a child.

Not all sexual offenses involve the commission of a sex act. The term "sex act" is significant only when dealing with sexual abuse in the first, second, or third degree.

For the purposes of intake, it is not necessary for either the reporter or the intake person to know the specific details of the alleged sexual offense, beyond meeting the criteria set forth above.

The following sections explain additional considerations when:

- ◆ [The person allegedly responsible for the abuse is also a child.](#)
- ◆ [There is a question on whether the report should be classified as denial of critical care by failure to provide proper supervision, instead of sexual abuse.](#)
- ◆ [The child is 16 or older.](#)

**When the Person Allegedly Responsible Is a Child**

When the person allegedly responsible for the sexual abuse is also a child, solicit information from the reporter regarding any past history. The person allegedly responsible for the sexual abuse may also be a possible victim of sexual abuse by a caretaker. The information may result in two reports of child abuse and two cases.

- ◆ One naming a child as allegedly responsible for sexual abuse upon another child.
- ◆ One naming the child allegedly responsible for the sexual abuse as an alleged victim of past sexual abuse.

**Sexual Abuse by Omission vs. Denial of Critical Care**

“Sexual abuse by omission” means a caretaker allowing, or failing to protect a child from, the commission of a sexual offense by another caretaker or by a person the caretaker should have reasonably known would be likely to sexually abuse a child.

- ◆ If a sexual offense has already occurred through the caretaker’s omission, then the appropriate allegation is sexual abuse by omission.
- ◆ If the child has been exposed to danger of sexual abuse through the caretaker’s omission, but no abuse has yet occurred, then the appropriate allegation is denial of critical care by failure to provide proper supervision.

**Children Age 16 or Older**

When a child is age 16 or older, and engaging in consensual sexual activity with a person age 18 or older and is able to give consent, the allegation of sexual would be rejected due to noncaretaker.

If the child is unable to give consent, consider a denial of critical care on the caretaker of the child.

## **Topic 8: Criteria for Accepting an Allegation of Denial of Critical Care**

For a situation to be assessed as denial of critical care, there must be a reasonable belief of the following:

- ◆ A circumstance occurred or exists which indicates a failure to provide food, shelter, clothing, or other care necessary **and**
- ◆ A child has been subjected to circumstances which places their health and welfare at risk **and**
- ◆ The circumstance has been caused as the result of acts or omissions of the person responsible for the child's care.

The standard for accepting or rejecting an allegation of child abuse requires the Department to make a determination as to whether the report constitutes an allegation of child abuse as defined in section 238.68.

Use the care standard "adequate for the child's health and welfare" in accepting or rejecting a report of child abuse regarding failure to provide food, shelter, clothing, or other care to a child. There are eight subcategories of denial of critical care:

- ◆ [Failure to provide adequate food and nutrition](#)
- ◆ [Failure to provide adequate shelter](#)
- ◆ [Failure to provide adequate clothing](#)
- ◆ [Failure to provide adequate health care](#)
- ◆ [Failure to provide adequate mental health care](#)
- ◆ [Failure to emotional needs of the child](#)
- ◆ [Failure to provide proper supervision](#)
- ◆ [Failure to provide respond to infant's life-threatening condition](#)

The reporter may not know other factors, such as the family's income and religious affiliation, at the time of intake. For intake purposes, it is not necessary to know whether the family has sufficient funds to provide for the adequate care of the children or is failing to provide medical care due to religious beliefs.

**Failure to Provide Adequate Food and Nutrition**

In allegations of failure to provide adequate food and nutrition, inquire about the caretaker's practice regarding food and how it has affected the child's health and welfare. For example:

- ◆ There is no food in the home.
- ◆ The food is contaminated or spoiled, resulting in physical ailments or the risk of physical ailments.
- ◆ The child is suffering from physical conditions or disease resulting from nutritional deficiencies.
- ◆ The child's lack of weight gain or loss of weight is due to the lack of food.

**Failure to Provide Adequate Shelter**

In allegations of failure to provide adequate shelter, inquire about the child's physical living arrangement, environmental hazards, and transient behaviors and how those factors affect the child's health and welfare. For example:

- ◆ The child has no home.
- ◆ The child lives in a home that lacks heat in the winter.
- ◆ The home has unsanitary conditions, such as:
  - Toilets not functioning
  - An overflowing amount of trash or garbage
  - Spoiled food that can be accessed by children
  - Infestation by cockroaches or rats
- ◆ The home has structural damage, such as:
  - Broken stairs
  - Missing railings
  - Large holes in ceilings or floors
  - Windows or doors with broken glass
  - The child is living in overcrowded conditions, resulting in inadequate sleeping arrangements
- ◆ The home has hazardous conditions, such as:
  - Exposed or frayed wiring
  - Fuel containers stored in living areas
  - Paper or clothes piled near heat source
  - Chemicals or drugs within easy access of children

### **Failure to Provide Adequate Clothing**

In allegations of failure to provide adequate clothing, inquire about both the clothing description and the weather conditions for the time when the allegation is being made, and how those factors affected the child's health and welfare. For example:

- ◆ The child lacks clothing to adequately provide protection against prevailing weather elements, such as a winter coat during a blizzard.
- ◆ The child has footwear that is too small or too large.

### **Failure to Provide Adequate Health Care**

In allegations of failure to provide adequate health care, inquire about the specific ailment or health condition of the child, health care suggestions or recommended and by whom, and how this has affected the child's health and welfare. For example:

- ◆ The parent is refusing to provide medical evaluation for conditions detected through a school screening.
- ◆ The parent is not following through with necessary medical treatment.
- ◆ There is a pattern of children not being bathed for a lengthy period.
- ◆ The children are not being provided available preventive medical and dental care.
- ◆ The parent is overusing emergency services to deal with their children's most minimal health care issues.
- ◆ The parent refuses to provide mental health evaluation after receiving recommendation from school psychologist.
- ◆ The parent does not follow through with a treatment plan recommended by a mental health professional.



### **Failure to Provide Mental Health Care**

In allegations of failure to provide mental health care necessary to treat an impairment of the child's ability to function adequately, inquire about a child's social maladjustment or other behavior, and what that caretaker knows or should reasonably know about the child's maladjustment or other behavior. For example:

- ◆ The parent refuses to provide mental health evaluation after receiving a recommendation from the school psychologist.
- ◆ The parent does not follow through with a treatment recommended by a mental health professional.

### **Failure to Meet the Emotional Needs of the Child**

In allegations of failure to meet the emotional needs of the child necessary for normal development, inquire about the child's age, developmental and emotional needs, and observable development problems with the child. For example:

- ◆ The child is failing to thrive.
- ◆ The child has delays that appear to be due to parental inattention.
- ◆ The child appears to have emotional injury that seems to be due to parental behavior such as domestic violence.

### **Failure to Provide Proper Supervision**

In allegations of failure to provide proper supervision of a child (supervision that a reasonable and prudent person would exercise), inquire about the reason that a child is unsafe in a given situation and the age and physical and developmental ability of the child. For example:

- ◆ A caretaker has left an infant unattended in a bathtub, near an open flame, or in a precarious physical position.
- ◆ A caretaker has left a child who is incapable of self-supervision without supervision.
- ◆ A caretaker has knowingly selected a babysitter who is incapable of ensuring the safety of the child.
- ◆ A caretaker over-medicates the child.
- ◆ A caretaker locks the child in a closet or attic.
- ◆ A caretaker chains or ties the child.

- ◆ A child is abandoned.
- ◆ A caretaker's usage of illegal drugs or alcohol results in inadequate supervision of the child. (See [Denial of Critical Care and Illegal Drug Usage by Caretaker.](#))

A report may be also be assessed for failure to provide adequate supervision when a caretaker knowingly either:

- ◆ Selects a person to provide care who may pose a danger to children due to a significant child abuse or criminal history, or
- ◆ Allows a person with a history of significant child abuse to have unsupervised access to the child, or
- ◆ Allows a person who is listed on the Sexual Offender Registry to provide care or supervision to the child. Accept an allegation of this situation as denial of critical care by failure to provide proper supervision.

You may add the additional allegation of cohabitation with a registered sex offender if circumstances determined in the course of the assessment meet the criteria for that allegation. (See [Cohabitation With a Registered Sex Offender.](#))

The reporter must allege all three of the following factors to meet the criteria for acceptance for assessment:

- ◆ **Caretaker's knowledge of person's history.** Accept the report when the report includes information that the caretaker knows (or should know) of the person's history. This knowledge must have been imparted to the caretaker by a reliable source.
- ◆ **Caretaker's selection of that person** to provide substitute care or to allow that person to have independent, unsupervised access to the child.
- ◆ **Severity or significance of previous abusive acts.** The abuse history must be significant. Consider frequency, type, need for medical attention, previous reports, no-contact orders, criminal charges or previous criminal convictions. Also consider the factors listed below before determining if abuse occurred to a child:
  - Time elapsed since the last or most recent offense.
  - History (or lack of history) of similar offenses, including placement on the sexual offender registry.
  - Whether the person successfully completed treatment.
  - The likelihood of the person repeating the abuse or offense. (Determine this by contact with the treatment provider.)

Assess the situation to determine whether the caretaker is taking necessary measures to safeguard the children from the person who may pose a risk.

Typically, a paramour (such as a live-in boyfriend) has access to children as an occasional caretaker, or has occasional unsupervised access to the children (mother is sleeping, running errands, etc.).

NOTE: Do not assess a parent who allows court-ordered visitation when the visiting parent has a child abuse or criminal history. The parent is complying with a court's order.

### **Denial of Critical Care and Illegal Drug Usage by Caretaker**

Accept reports meeting criteria for denial of critical care due to the caretaker using substances and alleged or inferred allegations of failure to provide proper supervision.

Whenever a report of suspected child abuse is made regarding illegal drugs being present in the child, **also** consider whether the information received alleges or infers denial of critical care by failure to provide proper supervision.

Accept reports of suspected child abuse involving children having access to illegal drugs as denial of critical care by failure to provide proper supervision. Based on the information obtained during the assessment, make a decision about testing the child for presence of illegal drugs and a secondary allegation of presence of illegal drugs.

If the reporter states that the caretaker uses drugs but does not know if the child is present when this occurs, ask additional questions to ascertain if:

- ◆ The child is likely to be ingesting the drugs.
- ◆ The child is not provided proper supervision due to the effect the drug usage has had on the caretaker.

If you cannot reasonably infer that drugs would be present in a child's body based upon the information provided, accept the report as a case with allegations of denial of critical care if it meets criteria.

Alcohol, tobacco, prescription drugs, or other legal but potentially harmful substances are not illegal drugs. Reports involving a child's ingestion of these substances may be assessed for failure to provide proper supervision. Take into account the age, functioning level, and physical condition of the child in order to determine if an abusive situation exists.

**Failure to Respond to an Infant's Life Threatening Condition**

In allegations of failure to respond to an infant's life threatening condition, inquire about disabilities or other conditions that are life-threatening to the infant and how the caretaker is failing to provide treatment such as hydration, nutrition, medication, or other medical services recommended.

NOTE: Risk to children while riding in motor vehicles. In allegations of risks to children while riding in a motor vehicle, inquire about the driver and the nature of the behavior that placed the child at risk. The driver of the motor vehicle must be a caretaker of the child. The child does not need to be injured but the child's life or health must be endangered. Examples include:

- ◆ The person was driving recklessly and had the child in the vehicle at the time.
- ◆ The person was driving under the influence of drugs or alcohol with a child in the motor vehicle.

Dangerous operation of a motor vehicle is a failure to provide proper supervision when the person responsible for the care of a child is driving recklessly or driving while under the influence of drugs or alcohol with the child in the motor vehicle. This may constitute child endangerment per Iowa Code 726.6. The report should also be made to law enforcement. NOTE: Failure to restrain a child with seat belts or child restraints, in and of itself, does not warrant an assessment according to Iowa Code 321.446, subsection 6.

NOTE: Truancy. Truancy alone does not constitute grounds for initiating a child protective assessment. The information must suggest that exceptional circumstances exist, such as a professional evaluation determining that a child has a special need to be in school because of a diagnosed disability such as:

- ◆ Mental retardation
- ◆ Autism
- ◆ Cerebral palsy
- ◆ Down's syndrome
- ◆ Deafness or hearing impairment
- ◆ Visual impairment
- ◆ Speech and language disorder
- ◆ Epilepsy
- ◆ Spina bifida
- ◆ Traumatic brain injury

These reports should be assessed under the abuse subcategory of failure to provide necessary mental health care or failure to meet the child's emotional needs.

| NOTE: Likewise, the fact that a child has head lice (pediculosis), alone, does not constitute grounds for initiating a child protective assessment. However, other circumstances may cause the report to be accepted for assessment, such as lack of treatment resulting in an infection or medical condition.

**Topic 9: Criteria for Accepting an Allegation of Child Prostitution**

For a situation to be assessed as child prostitution, there must be a reasonable belief of the following:

- ◆ The services of a child as a partner in a sex act were sold or purchased, or offered for sale or purchase, and
- ◆ The caretaker of the child allows, permits, or encourages the child to engage in prostitution.

The child does not have to engage in a sex act. The offer of a child as a partner in a sex act is sufficient for a report of this type of child abuse. The offer does not have to be made by the child's caretaker. The caretaker can be reported as being responsible for child abuse simply for "allowing, permitting, or encouraging" the child's exploitation as a prostitute by someone else.

The "purchase or offer to purchase" of the child's services as a partner in a sex act does not have to be made with money alone. There may be an exchange of goods or other services that fits the definition of "purchase," as long as it is understood that the exchange is in return for the child's sexual services.

## **Topic 10: Criteria for Accepting an Allegation of Presence of Illegal Drugs in a Child**

For a situation to be assessed as presence of illegal drugs in a child's body, there must be reasonable belief of the following:

- ◆ An illegal drug is alleged to be present in a child's body or a child is alleged to have been exposed to an illegal drug in a way that is reasonably believed would result in the drug being present in the child, **and**
- ◆ The alleged victim is a child, **and**
- ◆ The presence of the illegal drug is a direct and foreseeable consequence of the acts or omissions of the child's caretaker.

A report of presence of illegal drugs in a **caretaker's** body or use of illegal drugs by a caretaker, in and of itself, does not constitute grounds for initiating an assessment on the presence of illegal drugs.

Ways for a child to be exposed to illegal drugs that could be considered for assessment on the presence of illegal drugs include:

### ◆ **Prenatal exposure:**

- The mother uses an illegal drug while pregnant or exposes herself to an environment where illegal drugs are being used, resulting in the child's exposure in utero, and the child is born with illegal drugs present in the child's body; or
- A caretaker's acts or omissions result in the direct and foreseeable consequence of the child being born with illegal drugs present in the child's body.

### ◆ **Postnatal exposure:**

- The mother uses illegal drugs and passes the illegal drug to the child through body fluids (i.e. breast milk); or
- A caretaker's acts or omissions allow the child to be in an environment where the child has access to and ingests illegal drugs or where exposure to illegal drug usage or presence results in the presence of illegal drugs in the child's body.

Accept reports of suspected child abuse involving prenatal exposure when there is an allegation that the acts or omissions of the child's caretakers have caused the child to be born with illegal drugs present in the child's body.

Accept reports of suspected child abuse involving postnatal exposure (i.e., exposure of a child to illegal drugs in a manner that causes the child to ingest the drug or to absorb the chemicals of the drug through the hair, skin, or lungs). Reports of postnatal exposure may be assigned both as presence of illegal drugs in a child's body and as denial of critical care by failure to provide proper supervision, depending on the information the reporter provides.

Accept reports as presence of illegal drugs in a child's body when:

- ◆ There is a reasonable belief that an illegal drug **is** present in a child's body or that a child has been exposed to an illegal drug in a way that is reasonably believed **would** result in the drug being present in the child; **and**
- ◆ The presence or exposure is reasonably believed to be a direct and foreseeable consequence of the acts or omissions of the child's caretaker.

Passive exposure includes the child being present during the usage of the illegal drugs or being in contact with the chemical residue of the illegal drug usage in the child's environment.

Assess an allegation of passive exposure as denial of critical care by failure to provide proper supervision. Based on the information obtained during the assessment, the child protective worker will make a decision about testing the child for presence of illegal drugs and adding a second allegation.

Consider detection of drugs on a child's body or clothes by screening devices, such as those used in correctional facilities, as sufficient evidence to initiate a child protective assessment. (However, this alone is not sufficient to found a report on presence of illegal drugs.)

### **Denial of Critical Care and Presence of Illegal Drugs in a Child's Body**

Accept reports of suspected child abuse involving children having access to illegal drugs as denial of critical care by failure to provide proper supervision. Based on the information obtained during the assessment, the child protection worker will make a decision about a testing the child for presence of illegal drugs and secondary allegations of presence of illegal drugs.

Accept reports of suspected child abuse involving children present during the manufacturing of illegal drugs such as methamphetamine or cocaine as manufacturing or possession of a dangerous substance.



Whenever a report of suspected child abuse is made regarding illegal drugs being present in the child, also consider whether the information received alleges or infers denial of critical care by failure to provide proper supervision. If so, also accept the report as denial of critical care by failure to provide proper supervision.

Evaluate information regarding a caretaker's alleged usage and known effects of the specific drug used and potential impact on the caretaker's ability to provide proper supervision for the child.

Consider the known effect of the drug named, and the caretaker's addiction, health, involvement in criminal activity, involvement in manufacturing and sales of illegal drugs, and weapons kept in the home.

Some illegal drugs have a greater impact on the supervision abilities of the caretaker than others. For example, methamphetamine usage by a child's caretaker has inherent risk to the child, given the known effects of methamphetamines.

If the reporter states that the caretaker uses drugs but does not know if the child is present when this occurs, ask additional questions to ascertain if:

- ◆ The child is likely to be ingesting the drugs.
- ◆ The child is not provided proper supervision due to the effect the drug usage has had on the caretaker.

If, after careful questioning, the reporter is unable to provide specific information other than the caretaker uses illegal drugs and the child may be present, do not accept this report as an assessment for presence of illegal drugs. You cannot reasonably infer that drugs would be present in a child's body based upon the information provided. Accept the report as a case with allegations of denial of critical care if it meets criteria.

Alcohol, tobacco, prescription drugs, and other legal, but potentially harmful, substances are not illegal drugs. Reports involving a child's ingestion of these substances may be assessed for failure to provide proper supervision. Take into account the age, functioning level, and physical condition of the child in order to determine if an abusive situation exists.

### **Topic 11: Criteria for Accepting an Allegation of Manufacturing or Possession of Dangerous Substances**

For a situation to be assessed as an allegation of manufacturing or possession of a dangerous substance, there must be a reasonable belief that the **caretaker**:

- ◆ Unlawfully manufactures a dangerous substance in the presence of a child, or
- ◆ Knowingly allows the manufacture of a dangerous substance by another person in the presence of a child, or
- ◆ Possesses a product containing ephedrine, its salts, optical isomers, or salts of optical isomers or containing pseudoephedrine, its salts, optical isomers, or salts of optical isomers in the presence of a child with the inferred intent of using the product as a precursor or an intermediary to a dangerous substance.

At intake, it is **not** required for the reporter to allege the **intent** of the caretaker to use the product in the manufacturing of the illegal drug. The intended use of the products will be addressed in the assessment process and by law enforcement.

**"In the presence of a child"** means:

- ◆ The child is physically present during the manufacture or possession, or
- ◆ The manufacture or possession occurs in a child's home, on the premises, or in a motor vehicle located on the premises, or
- ◆ The manufacture or possession occurs under other circumstances in which a reasonably prudent person would know that the manufacture or possession may be seen, smelled, or heard by a child.

**"Dangerous substance,"** as used in the abuse category "manufacture or possession of a dangerous substance," means any of the following:

- ◆ Amphetamine, its salts, isomers, or salts of its isomers;
- ◆ Methamphetamine, its salts, isomers, or salts of its isomers;
- ◆ A chemical or combination of chemicals that poses a reasonable risk of causing an explosion, fire, or other danger to the life or health of persons who are in the vicinity while the chemical or combination of chemicals is used or is intended to be used in any of the following:
  - The process of manufacturing an illegal or controlled substance;
  - As a precursor in the manufacturing of an illegal or controlled substance;
  - As an intermediary in the manufacturing of an illegal or controlled substance.(Iowa Code section 232.2, subsection 6, paragraph p, as amended by HF 178)

## **Topic 12: Criteria for Accepting an Allegation of Bestiality in the Presence of a Minor**

For a situation to be assessed as an allegation of bestiality (a sexual act between a person and an animal), there must be a reasonable belief that:

- ◆ The act occurred in the presence of a child, and
- ◆ The person committing the sex act resides in a home with the child, and
- ◆ The commission of the bestiality was due to the acts or omissions of the person responsible for the care of the child.

Iowa law defines “animal” for this type of abuse to mean any nonhuman vertebrate, either dead or alive:

Iowa law defines “sex act” for this type of abuse as any sexual contact between a person and an animal by:

- ◆ Penetration of the penis into the vagina or anus, or
- ◆ Contact between the mouth and genitalia of the person and the animal, or
- ◆ Contact between the genitalia of one and the genitalia or anus of the other.

**Note:** A person who performs a sex act with an animal is guilty of an aggravated misdemeanor.

Refer the report information to law enforcement for investigation.

## **Topic 12: Criteria for Accepting an Allegation of Bestiality in the Presence of a Minor**

For a situation to be assessed as an allegation of bestiality (a sexual act between a person and an animal), there must be a reasonable belief that:

- ◆ The act occurred in the presence of a child, and
- ◆ The person committing the sex act resides in a home with the child, and
- ◆ The commission of the bestiality was due to the acts or omissions of the person responsible for the care of the child.

Iowa law defines “animal” for this type of abuse to mean any nonhuman vertebrate, either dead or alive:

Iowa law defines “sex act” for this type of abuse as any sexual contact between a person and an animal by:

- ◆ Penetration of the penis into the vagina or anus, or
- ◆ Contact between the mouth and genitalia of the person and the animal, or
- ◆ Contact between the genitalia of one and the genitalia or anus of the other.

**Note:** A person who performs a sex act with an animal is guilty of an aggravated misdemeanor.

Refer the report information to law enforcement for investigation.

### **Topic 13: Criteria for Accepting an Allegation of Cohabitation With a Registered Sex Offender**

For a situation to be assessed as an allegation of cohabitation with a registered sex offender, a child's caretaker must knowingly cohabit with a person who is a registered sex offender or who is required to register as a sex offender.

The law specifies that a person who is the parent or guardian of a child, has custody or control over a child, or is a member of the household in which a child resides commits child abuse when the person knowingly cohabits with a person who is registered or is required to register on the Sex Offender Registry.

This type of abuse does not apply when the sex offender is:

- ◆ A parent of the named victim child; or
- ◆ Married to the person responsible for the care of the named victim child; or
- ◆ A minor residing in the home of the offender's parent or guardian or the person with custody or control over the offender.

This type of abuse does not apply when the child is 14 years old or older unless the child has a physical or mental disability.

To determine cohabitation, consider:

- ◆ Whether the parties are residing together,
- ◆ The length and continuity of the relationship, and
- ◆ Whether at least one of the following circumstances exists:
  - Sharing income or expenses,
  - Joint use or ownership of property,
  - Holding themselves out as husband and wife, or
  - Sexual relations between the parties while living together.

"Residence" is defined in the law to mean the place where a person sleeps. This may include more than one location and may be mobile or transitory.

At intake, it may not be possible to determine if the multiple criteria are met for an allegation of cohabitation with a registered sex offender. Accept the allegation as denial of critical care by lack of proper supervision. The child protection worker may determine through the course of the assessment that an additional allegation of cohabitation with a registered sex offender is also appropriate.

Denial of critical care by failure to provide proper supervision applies if:

- ◆ The persons responsible for the care of the child are not providing proper supervision to protect the child from sexual abuse by the sex offender parent or stepparent or the minor sex offender in the home.
- ◆ The sex offender exposes the offender's own child or other children in the home to the endangerment of sexual abuse by having unsupervised access to the child or children.

### **Topic 14: Criteria for Accepting an Allegation Due to Compelling Circumstances**

Circumstances may be sufficiently compelling to infer that there is danger of the child suffering injury or death. In these situations, the report of child abuse shall be accepted. For example:

**Report:** The police call DHS to report a case involving three children. Police state that they investigated a discharge of a weapon the previous evening. The police report indicates that a 44-year-old woman was arrested for discharging a firearm in her backyard and she is in jail pending a hearing.

The police report states that when police arrived, the woman and her husband were fighting. The husband had been drinking, and he had thrown the living room furniture through the front picture window. Both were yelling that the other had started it. The police report that the children were with grandparents for the night.

The police indicate that they have been called to the home four other times in the last year, and in three of those incidents the husband has been arrested. The husband is currently on probation for domestic violence assault.

**Action:** This report of child abuse should be accepted for denial of critical care by failure to provide proper supervision, with both parents being named as person allegedly responsible for the abuse.

The compelling circumstances are:

- ◆ The discharge of a weapon during a domestic violence incident.
- ◆ The act of throwing the living room furniture through the front window.
- ◆ The history of five episodes of domestic violence, including the latest incident.
- ◆ The fact that the latest incident has occurred in spite of the husband being on probation for domestic violence assault.

While the children may not have been present, one cannot assume that based on the information provided. In addition, even if the children were absent, the level and frequency of violence suggests caretakers who are "out-of-control," and actions that would place the children in danger of suffering, injury, or death if they were present.

In the absence of information by police that the children have never been witness to any of the domestic violence incidents, this report of child abuse should be accepted.

## **Topic 15: CPS Observation Timeframes**

### **When There Is an Immediate Threat or High Risk to the Child**

When there is an immediate threat or high risk to the child's safety, make reasonable efforts to physically view the child within **one hour** from the receipt of the report.

Contact law enforcement for assistance in most cases involving immediate threat or high risk. This will help to safeguard the child and you if the situation is volatile or dangerous.

Also, law enforcement personnel can take the child into custody on an emergency basis, if necessary. You (DHS) cannot remove the child from parental custody without an order from the court directing the removal.

When a report alleges injury to a child or alleges that a child is at high risk for injury, act quickly to address the child's safety. Examples of high-risk situations include, but are not limited to:

- ◆ Fatality or near fatality.
- ◆ Manufacturing of methamphetamine.
- ◆ Injuries resulting from abuse or denial of critical care that required or may require medical attention.
- ◆ Child currently unsupervised.
- ◆ Sexual abuse when the alleged perpetrator has access to the child.

In these circumstances, observation of the child, by itself, is not sufficient to address safety. Take the necessary actions so that the person allegedly responsible for these circumstances does not continue to have access to the child until a more complete evaluation and safety plan can be established. (See [Procedures for Emergency Placements: Reasonable Efforts to Prevent Placement.](#))

When there is an immediate threat or high risk to a child, and observation within one hour is not possible, document how safety of the child was addressed. In these circumstances, you must still make reasonable efforts to observe the child within 24 hours of receipt of the report.



Document your rationale and your supervisor's rationale for not observing the child within one hour. Describe the efforts you made to observe the child within one hour, the circumstances that made it impossible to observe the child within one hour, or how the child is not in immediate threat or high risk.

If the child's safety is addressed, the one-hour observation time frame may not apply. With supervisory approval, you may delay contact with the child beyond one hour, if meeting that time frame would further jeopardize the child's safety. Document your rationale and your supervisor's rationale for delaying observation beyond 24 hours.

### **When There Is No Immediate Threat or High Risk to the Child**

When it appears that there is no immediate threat or high risk to the child, attempt to observe the child within **24 hours** of the receipt of the intake call.

You may obtain supervisory approval to observe the child within 96 hours of the receipt of the report instead **if**:

- ◆ There are no conditions placing the child at high risk, **and**
- ◆ The child does not have any physical injuries which require documentation or require medical attention within 24 hours, **and**
- ◆ Credible evidence exists that the person allegedly responsible clearly will not have access to the child before you observe the child, **and**
- ◆ The person allegedly responsible for the abuse is not considered to be a risk to other children.

With supervisory approval, you may delay contact with the child beyond the 24-hour time frame, if meeting the time frame would further jeopardize the child's safety. Document your rationale and your supervisor's rationale for delaying observation beyond 24 hours. Continue attempts to observe the child.

Waive the observation in extremely limited and rare circumstances and only with supervisory approval. Document your rationale and your supervisor's rationale.

## **Topic 16: Out-of-Home Settings**

This chart summarizes responsibility for assessment and notification in the various types of out-of-home settings. (County attorney notification is required as usual.)

<b>Facility</b>	<b>Regulated by:</b>	<b>Assessed by:</b>	<b>Notify of Assessment and Outcome:</b>
Child-care center	Licensed by DHS	DHS child protection worker	Parents, facility administrator, DHS child care consultant
Child development home (excluding nonregistered)	Registered by DHS	DHS child protection worker	Parents, DHS registration staff
Foster family home	Licensed by DHS	DHS child protection worker	Parents, foster parents, DHS foster care licenser, child-placing agency, DHS case manager or JCO
Group care facility	Licensed by DHS; inspected by DIA	DHS child protection worker	Parents, facility administrator, DIA surveyor, DHS case manager or JCO, DHS project manager
Hospital or nursing facility	Licensed by DIA	DHS child protection worker	Parents, facility administrator, DIA surveyor, DHS case manager
ICF/MR	Licensed by DIA	DHS child protection worker	Parents, facility administrator, DIA surveyor, DHS case manager
Juvenile detention center	Approved by DHS; inspected by DIA	DHS child protection worker	Parents, facility administrator, DIA surveyor, DHS case manager or JCO
Juvenile shelter care facility	Licensed by DHS; inspected by DIA	DHS child protection worker	Parents, facility administrator, DIA surveyor, DHS case manager or JCO
PMIC	Licensed by DIA; licensed by DHS	DHS child protection worker	Parents, facility administrator, DIA surveyor, DHS case manager or JCO
State-operated facility	Approved by DHS	DIA surveyor	Parents, facility administrator, DHS case manager or JCO
Substance abuse facility	Licensed by DHS or Department of Public Health	DHS child protection worker	Parents, facility administrator, DIA surveyor, DHS case manager or JCO, DPH substance abuse licenser



# STATE OF IOWA

THOMAS J. VILSACK, GOVERNOR  
SALLY J. PEDERSON, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES  
KEVIN W. CONCANNON, DIRECTOR

September 1, 2006

## GENERAL LETTER NO. 17-A(4)-1

ISSUED BY: Bureau of Protective Services,  
Division of Behavioral, Developmental and Protective Services for  
Families, Adults and Children

SUBJECT: Employees' Manual, Title 17, Chapter A(4), **ADDITIONAL INTAKE  
INFORMATION**, Title page, new; Contents (page 1), new; and the  
following sections, new:

- Topic 1: Definition of Terms Used in Intake and Assessment
- Topic 2: Centralized Intake Protocol
- Topic 3: Caretaker
- Topic 4: Time Limit for Making Intake Decision
- Topic 5: Criteria for Accepting an Allegation of Physical Abuse
- Topic 6: Criteria for Accepting an Allegation of Mental Injury
- Topic 7: Criteria for Accepting an Allegation of Sexual Abuse
- Topic 8: Criteria for Accepting an Allegation of Denial of Critical Care
- Topic 9: Criteria for Accepting an Allegation of Child Prostitution
- Topic 10: Criteria for Accepting an Allegation of Presence of Illegal  
Drugs in a Child
- Topic 11: Criteria for Accepting an Allegation of Manufacturing or  
Possession of Dangerous Substances
- Topic 12: Criteria for Accepting an Allegation of Bestiality in the  
Presence of a Minor
- Topic 13: Criteria for Accepting an Allegation of Cohabitation With a  
Registered Sex Offender
- Topic 14: Criteria for Accepting a Report Due to Compelling  
Circumstances
- Topic 15: CPS Observation Timeframes
- Topic 16: Child Abuse Assessment in Out-of Home Settings
- Topic 17: Emergency Removal of a Child

## Summary

Employees' Manual Chapter 16-E, ***CHILD PROTECTIVE ASSESSMENTS***, has been redesigned into policy, procedure, and practice guidance subchapters reflecting the phase in the life of the case (intake and assessment). The new intake chapters are:

- ◆ 17-A, ***INTAKE POLICY***, which contains succinct, "high level" statements that summarize the essence of the associated laws, rules, and Department-required practice.
- ◆ 17-A(1), ***CPS INTAKE PROCEDURES***, which tells what the child protective services intake worker should do in the logical order of when and how to do the work.
- ◆ 17-A(2), ***CINA INTAKE PROCEDURES***, which tells what the child in need of assistance intake worker should do in the logical order of when and how to do the work.
- ◆ 17-A(3), ***INTAKE PRACTICE GUIDANCE***, which provides background information to support the procedures or policy and the clinical or programmatic rationale for the actions that are required.
- ◆ 17-A(4), ***ADDITIONAL INTAKE INFORMATION***, which contains information that is lengthy or used only in specific situations. These topics may be accessed through hypertext links in the policy, procedure, or guidance chapters.

Hypertext links in all of the chapters connect to the other intake chapters, additional information on a topic, or a specific form or tool.

## Effective Date

Upon receipt.

## Material Superseded

None.

## Additional Information

Refer questions about this general letter to your area service administrator.



# STATE OF IOWA

CHESTER J. CULVER, GOVERNOR  
PATTY JUDGE, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES  
KEVIN W. CONCANNON, DIRECTOR

June 8, 2007

## GENERAL LETTER NO. 17-A(4)-2

ISSUED BY: Bureau of Protective Services, Division of Child and Family Services

SUBJECT: Employees' Manual, Title 17, Chapter A(4), **ADDITIONAL INTAKE INFORMATION**, Contents (page 1), revised; Topic 15: "CPS Observation Timeframes," pages 1 and 2, revised; and Topic 17, obsolete.

### Summary

The list of examples of circumstances requiring the assignment of an observation within one hour has been revised.

The link to 17-A(4), Topic 17, is being redirected to 17-B(4), Topic 4, for a more complete description of the procedures required for emergency removals.

### Effective Date

Upon receipt.

### Material Superseded

Remove the following pages from Employees' Manual, Title 17, Chapter A(4), and destroy them:

<u>Page</u>	<u>Date</u>
Contents (p. 1)	September 1, 2006
<b>Topic 15</b>	
1, 2	September 1, 2006
<b>Topic 17</b>	
1-4	September 1, 2006

### Additional Information

Refer questions about this general letter to your service area manager.



# STATE OF IOWA

CHESTER J. CULVER, GOVERNOR  
PATTY JUDGE, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES  
KEVIN W. CONCANNON, DIRECTOR

August 31, 2007

## GENERAL LETTER NO. 17-A(4)-3

ISSUED BY: Bureau of Protective Services, Division of Child and Family Services

SUBJECT: Employees' Manual, Title 17, Chapter A(4), **ADDITIONAL INTAKE INFORMATION**, Contents (page 1), revised; and

Topic 1: "Definition of Terms Used in Intake and Assessment," pages 3, 4, 5, 11, and 14 through 17, revised;

Topic 8: "Criteria for Accepting an Allegation of Denial of Critical Care," pages 1 through 7, revised; and page 8, new;

Topic 10: "Criteria for Accepting an Allegation of Presence of Illegal Drugs in a Child," pages 1, 2, and 3, revised;

Topic 13: "Criteria for Accepting an Allegation of Cohabitation With a Registered Sex Offender," page 1, revised; and page 2, new;

Topic 16: "Out-of-Home Settings," page 1, revised.

## Summary

Topic 1, "Definition of Terms Used in Intake and Assessment," is revised to add definitions for "conditionally safe," "present danger," "impending danger," "safe," "safety plan," and "unsafe."

Topic 8, "Criteria for Accepting an Allegation of Denial of Critical Care," is revised to clarify when allegations of drug usage by caretakers are also accepted as denial of critical care.

Topic 10, "Criteria for Accepting an Allegation of Presence of Illegal Drugs in a Child," is revised to clarify when allegations of drug usage by caretakers are also accepted as presence of illegal drugs in a child's body.

Topic 13, "Criteria for Accepting an Allegation of Cohabitation With a Registered Sex Offender," is revised to clarify when allegation for this abuse type is accepted denial of critical care.

Topic 16, "Out-of-Home Settings," is revised to clarify that nonregulated child care homes are not considered a child care facility for the purpose of conducting a child abuse assessment.

**Effective Date**

Immediately

**Material Superseded**

Remove the following pages from Employees' Manual, Title 17, Chapter A(4), and destroy them:

<u>Page</u>	<u>Date</u>
Contents (p.1)	June 8, 2007
Topic 1	
Pages 3-5, 11, 14-17	September 1, 2006
Topic 8	
Pages 1-7	September 1, 2006
Topic 10	
Pages 1-4	September 1, 2006
Topic 13	
Page 1	September 1, 2006
Topic 16	
Page 1	September 1, 2006

**Additional Information**

Refer questions about this general letter to your area service administrator.